

P. S. No. 2  
DOM-5-43  
rev. 5-17-39  
I X36871

8859

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1162  
Registrar's No.

FILED MAR 24 1945  
Registration District No.

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution:  
2501-EAST-37TH STREET  
(d) Length of stay: In hospital or institution  
In this community 31 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 2501-EAST-37TH STREET  
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME MRS. FLORA MARY BERGHOFFER WHITSON  
3. (b) If veteran, No  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 10  
year 1945 hour 1 minute 35 A.M.

4. Sex FEMALE  
5. Color of race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. J. D. WHITSON  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased DECEMBER-9-1881

21. I hereby certify that I attended the deceased from Dec. 21, 1944 to March 10, 1945  
that I last saw her alive on March 9, 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Carcinomatosis  
Duration 6 mo

8. AGE: Years 63 Months 3 Days 1  
If less than one day hr. min.

Due to Primary Carcinoma of Breast 2 yrs  
Due to

9. Birthplace SLATER MISSOURI

Other conditions (Include pregnancy within 3 months of death) 50

10. Usual occupation HOUSEWIFE

Major findings: 1 Of operations none

11. Industry or business

Of autopsy none

12. Name HENRY BERGHOFFER

13. Birthplace PALMYRA MISSOURI

14. Maiden name MARIE CHOESS

15. Birthplace LINNAEUS MISSOURI

16. (a) Informant J. D. Whitson

(b) Address 2501-EAST-37TH STREET

17. (a) BURIAL (b) Date thereof MAR-12-1945

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 3-12-45 (b) N. E. Brown

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (2) Means of injury

23. Signature Dr. Frank C. Ray M. D. or other DO  
Address 4316 E 9th St. Date signed 3-10-45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

4316  
5-7  
cast 9th Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*A. C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address

*A. C. Me.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**